A TEN YEAR PROGRAM
FOR EXPANDING
MICHIGAN'S MENTAL HOSPITALS

STATE HOSPITAL COMMISSION
LANSING, MICHIGAN
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Prepared by
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LETTER OF TRANSMITTAL

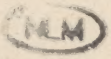
To the Honorable Harry F. Kelly,
Governor of the State of Michigan,

Lansing, Michigan.

Pursuant to your special request, we submit herewith our recommendations for the expansion of Michigan's mental hospital facilities. We are indeed grateful for this opportunity to present our thinking on this important function of state government.

Respectfully submitted,

MICHIGAN STATE HOSPITAL COMMISSION



A Ten Year Program For Expanding Michigan's Mental Hospitals

INTRODUCTION

It is a clear, undisputed fact that Michigan has been negligent in providing for the hospitalization of its mentally ill, feebleminded and epileptic population. This negligence is not of recent origin; it has existed for many years. Michigan's tremendous growth in population during the last three decades, primarily the result of its widespread industrial developments, coupled with a sporadic attention to this important function of state government, is the basic cause of the difficulties.

In the years 1927 and 1928, the first carefully worked out and systematically planned program for hospital rehabilitation and expansion was evolved. This plan was acted upon by the 1929 Legislature and approximately $19,500,000 was appropriated for a four year's expansion program to end in 1933, a portion of which was vetoed by the Governor, which reduced the total appropriation to approximately $16,700,000 (Act 324 of the Public Acts of 1929).

During the year 1930 some gains were made under this program, particularly at Lapeer and at Ypsilanti (where the first units for the new hospital were constructed). During the year 1931 more gains were made. By this time the state's revenues were dropping rapidly and a halt was called. The 1931 Legislature revised the existing program and prorated it over a ten year period without changing it otherwise. The 1933 Legislature repealed the appropriation balance and thereby terminated the program. During that period another program was developed of even larger scope than the 1929 undertaking to be financed by a bond issue. The electors refused to approve the proposal, however, which put an end to that attempt.

Following this period little was done toward further expansion of hospital facilities while the needs continued to increase.

The 1937 Legislature enacted a statute (Act 281, Public Acts of 1937) earmarking a certain percentage of the profits from the sale of liquors for a state hospital building fund, although those funds were never so used. The same Legislature did, however, appropriate approximately $6,500,000 to be expended during the biennium on hospital construction. This appropriation, supplemented with Federal funds through the Public Works Administration, provided an expansion program of about $12,000,000 during the years 1938 through 1941. This was excellent progress but the state is still lacking in reasonable provisions.

The Hospital Commission realizes that during all these years blame for inattention does not lie at the door-step of the legislative bodies. A comprehensive overall picture of the problem has not been brought before them. The commission is sure the Legislature will give serious attention to a feasible and practical program, and is grateful for the opportunity to present a plan.

Pursuant to the request of Governor Harry F. Kelly, the Hospital Commission has worked out a ten year program, and suggests that legis-

lation be enacted now to provide for systematic and definite financing which will allow the orderly accomplishing of same over a ten year period. Recognizing certain acute needs as most pressing, the Commission has divided its proposals into two parts, one to be authorized, planned in detail, and financed at once so that action may be started as soon as war restrictions are removed from construction industry; and the other to be authorized and planned now but financed through earmarked funds over a period of the next eight years.

Both the proposal for the immediate future and for the longer period are herewith summarized. Those items enumerated in the immediate program are also included in the total program.

THE IMMEDIATE PROGRAM

	Beds	*Cost*
New Hospital for Insane	1500	$3,000,000
Addition at Coldwater Hospital	1050	1,575,000
Addition at Caro Hospital	335	502,500
Children's Hospital	75	112,500
Total	2960	$5,190,000

THE TOTAL PROGRAM

	Beds	*Cost*
Insane		
Additions to existing units	2510	$3,765,000
New Institution	3500*	7,000,000
Children's Hospital	75*	112,500
Total	6085	$10,877,500
Feebleminded		
Additions to existing units	1400*	$2,100,000
New Institution	1600	3,200,000
Estimate for recommended new facilities at Lapeer which are not considered as new bed capacity in this report		300,000
Total	3000	$5,600,000
Epileptic		
Additions to existing units	875*	$1,312,500
Estimate for Caro Institute for Convulsive Disorders	75	112,500
Total	950	$1,425,000
GRAND TOTAL	10,035	$17,902,500

*These figures include the items listed in the immediate program.

RECOMMENDATIONS

The Hospital Commission respectfully recommends the following specific action:

1. That proper steps be taken, beginning immediately, to prepare such architectural plans as seem feasible to facilitate the undertaking of those items in the immediate program enumerated above. Such plans will permit construction to be started as soon as the war emergency is over.
2. That the Legislature be asked to appropriate the funds required for the immediate program and grant to the Hospital Commission authority to acquire lands for the site of the new Hospital for Insane.
3. That the Legislature be asked to enact necessary legislation to provide for the orderly financing and automatic accomplishment of the balance of the total program.
4. That an architectural and engineering survey be made of all existing hospitals to prepare a proper evaluation of needs for repairing, remodeling and expanding of service facilities as indicated by the current situation at each institution, as well as the future growth recommended herein.
5. That proper arrangements be made to permit the Hospital Commission to deal directly with all architects connected with this program in order that it may have a determinative voice in the development of plans. The Commission has been studying these problems extensively with a view both to economy of operation and the successful treatment of patients. It is quite certain that its guidance over the development of the plans will prove of value.

SECTION I

THE NEED FOR A BUILDING PROGRAM

I The Civil Insane

Existing state facilities for the insane provide room for 13,220 patients, which represents an overcrowding in present buildings of about 20% beyond their designed capacity. The County of Wayne cares for at Eloise about 3,750 patients, for a total of nearly 17,000 in the state as a whole. This represents a gain in the last ten years of about 6,000 patients. The total of 17,000 represents about 325 patients per 100,000 of the general population. According to the latest available figures of the United States Bureau of the Census (the year of 1938), the only reliable figures for interstate comparisons, New York hospitalized at that time 516 patients per 100,000 of the general population; Massachusetts, 495; Connecticut, 400; New Hampshire, 400; Minnesota, 361; and Illinois, 359. For that year Michigan's figure was shown as 296, which ranked the state in eighteenth place by that method of comparison. Michigan's expansion since 1938, which raised the ratio to 325 per 100,000 as mentioned above, would bring the state into fifteenth place in the ranking

if the unknown expansion in other states since 1938 was ignored. It would require an expansion of about 6,000 beds to raise the ratio for Michigan from 325 to 440 per 100,000 of the general population.

Throughout its history Michigan has failed to build facilities in accordance with the needs as they arose. There have always been long waiting lists which have prevented the early admission of its mentally sick to state hospitals. About 45% of all general admissions are susceptible to new methods of treatment, and 70% of these can be returned to usefulness in society if admitted during the first year of their illness. If, however, their admission is delayed for more than one year, the recovery rate is cut in half.

For a number of years the State Hospital Commission has wrestled with recurring crises over the combined inability of the state and of Wayne County to keep abreast with the number of civil insane patients committed for institutional care by the Wayne County Probate Court.

Ypsilanti State Hospital, the major state institution for the care of the civil insane in the area, has continuously taken as many patients as possible. Eloise County Hospital has done likewise. Always there is a residue which has been placed under most unsatisfactory conditions in the psychopathic wards of Receiving Hospital belonging to the City of Detroit. These wards were not designed for long time care. Their purpose was to hold under observation a limited number of patients pending that time when they might be returned to their homes or committed to Eloise or Ypsilanti. Time after time, when the overcrowding has become a public scandal, makeshift arrangements have been worked out jointly by the state and the county authorities to relieve the situation, and this overcrowding in Receiving Hospital will undoubtedly occur again. As further relief, beds were opened in other state hospitals than Ypsilanti. Wayne County finally resorted to placing patients in unsatisfactory commercial proprietary institutions, paying these institutions a fee from county funds for the service.

At the last session of the Legislature, a bill was enacted authorizing reimbursement to Wayne County for its payments made to these commercial proprietary hospitals for patients who can legally be interpreted to be state charges. Upon signing this bill, Governor Harry F. Kelly, after consulation with the Hospital Commission, stated that he looked upon a continuance of that system as being intolerable. It fosters a series of commercial enterprises necessarily costing the state more per patient day than does a better type of care provided in state institutions, and invites thereby a type of political conniving so eloquently demonstrated by the recent grand jury investigation in Wayne County. Today there are 180 patients in proprietary hospitals.

Thought has been given to the suggestion that the state acquire Eloise Hospital, owned by the County of Wayne. The recommendations in this report pertain to an expansion of facilities for the insane. Acquisition of Eloise Hospital would not add to the facilities, and the transfer of its ownership would not therefore bring any enlargement of total bed capacity in the state.

Ownership of Eloise by the state would bring under one control practically all the publicly owned beds caring for the insane, which is to be desired, but in our judgment this is a separate problem, apart from any long-range plan for enlargements, and should be treated as such.

A number of perplexing problems would have to be thought through before any specific recommendations could be made. Upon the grounds of Eloise and in the buildings, three separate functions are carried on: it is an institution for the civil insane; it is a county infirmary for the indigent poor; and it is also a general hospital for the indigent sick of Wayne County. Service facilities serve all of these functions, and for administrative purposes they are all closely inter-related. Obviously the state has no responsibility for infirmaries or general hospitals. By long usage, infirmaries are accepted as county responsibilities and hospitals as responsibilities of counties or municipalities. How to disassemble these separate functions is a perplexing problem.

Michigan's growth in general population is another factor of importance in attempting to estimate hospital needs. The following figures from the United States Census Bureau for the four decades since 1900 show that growth.

Year	State Population	Gain Over Prior Period	Percentage Gain
1890	2,093,890	....	...
1900	2,420,982	372,092	15.6
1910	2,810,173	389,191	16.0
1920	3,668,412	858,239	30.5
1930	4,842,325	1,173,913	32.0
1940	5,256,106	413,781	8.5
1943	5,600,000	(Unofficial estimate)	

Any attempts to project the state's population growth in future years would not, of course, be advisable. However, it can be expected for every 100,000 increase in the general population the state will need an additional 440 or more hospital beds for the insane. A conservative goal toward which to aim for the next ten years is 6,000 additional beds for this type of patient.

II The Feebleminded

Michigan is now caring for 5,485 feebleminded patients by overcrowding present facilities 25% beyond designed capacity. The County of Wayne cares for about 660 patients at the Wayne County Training School for an overall state total of about 6,150. As of July 1, 1943, there is a known waiting list of 817 cases. Wayne County has the largest number totaling 375; Genesee, 48; Oakland, 43; Saginaw, 25; and Ingham, 24. Eight counties have lists ranging from 10 to 20 in number, 55 counties have less than 10, while 15 counties report none. In addition to this known waiting list, we are reliably informed by school authorities, public welfare officials, and probate judges that they are aware of an undetermined number of cases for whom no application for commitment has been made because of a certainty that they will not be admitted even if com-

mitted. Reports from school authorities in some of the larger cities of the state show that the following number of children have been excluded from school because of serious mental retardation: Flint, 45; Grand Rapids, 25; Saginaw, 20; Kalamazoo, 18; Bay City, 16; Detroit, 300 or more. It should be observed, however, that even in these areas school authorities feel certain that only a portion of such cases have come to their attention. Again in Wayne County resort has been made from time to time to the use of commercial proprietary institutions for this type of patient, three of which are now being used, housing approximately 57 cases.

Dr. R. A. Greene, Superintendent of the W. E. Fernald State School of Massachusetts, a nationally recognized authority, has stated, after many years of experience and observation, that about 2% of the population is mentally below normal and about one-tenth of that number requires institutional care. That formula, which is concurred in by other leaders in the field, if applied to Michigan's 1940 population, would indicate the need for a total of about 10,500 beds for the mentally deficient, a shortage of nearly 5,000. Whatever the correct answer may be, present information does indicate that Michigan should plan for about 3,000 additional beds for the next ten years.

III The Epileptic

The state facilities for epileptic patients total 1,450 beds, which again represents a high percentage of overcrowding in existing buildings. An acute known waiting list of about 125 cases, some list of unknowns as in the case of the feebleminded, plus comparative information from other states, all point toward the need for expansion.

Although the waiting list in this category is not large by comparison, a portion of it is extremely acute and the cases contained thereon are a very difficult problem in the home and community. Improved methods of diagnosis and new drugs require admission early in the patient's illness rather than years of waiting. Analysis of all information available indicates the need to plan for about 800 more beds in this group.

IV The Criminal Insane

As for this group, the Hospital Commission is not ready at this time to make specific recommendations for future plans. Sound comparable figures from other states are not available because of variations in policies and definitions of the category. There is some waiting list in state prisons for admission to the Ionia Hospital and the patient load has also grown as a result of the state's policy of caring for criminal sexual psychopaths in that facility. In view of the function served, it is believed the institution is now large enough. Policies need to be clarified as to the method of hospitalizing the several types now involved in this general group before constructive plans can be outlined. The Commission requires further time to study the problem. A report will be made later.

SECTION II

A PROPOSED TEN YEAR BUILDING PROGRAM

As is stated in Section I, there is much well supported evidence that more space is required for all the categories of the mentally afflicted. In planning additions it is, of course, logical to examine how much more may be added at existing institutions and to what extent new institutions need to be considered for a long term program. This has been done and the tentative findings have been incorporated herewith.

Just as important as adding new patient facilities is the need for adding, replacing and remodeling the many essential related service and treatment facilities. These matters have been badly neglected to a greater or lesser degree at all existing institutions.

I The Civil Insane

1. Existing Hospitals

There should be added to the five hospitals caring for the insane a total of 2,510 beds to make these hospitals complete as to patient load, that is "rounded out" working units. A tabulation of these patient units is set forth below. It must be understood that a detailed plan for this further construction must of necessity include many treatment and service facilities involving in most instances the enlarging, remodeling or replacing of existing structures, for which plans can only be developed after extensive architectural and engineering studies.

Kalamazoo		
Present usable bed space		3,380
Proposed additions		
(a) Completion of Receiving Hospital	120	120
Proposed maximum size of hospital		3,500
Pontiac		
Present usable bed space		2,395
Proposed additions		
(a) Infirmary and T. B. Wards	400	
(b) Custodial Wards	300	
(c) Disturbed Building	200	
(d) Remodel Old Administration Unit	150	1,050
Proposed maximum size of hospital		3,445
Traverse City		
Present usable bed space		2,743
Proposed additions		
(a) Disturbed Building	240	
(b) Remodel Old Administration Unit	200	440
Proposed maximum size of hospital		3,183

Newberry (Facilities for insane only)		
Present usable bed space		1,362
Proposed additions		
(a) Remodel Old Administration Unit	200	
(b) Addition to Receiving Hospital	40	240
Proposed maximum size of hospital		1,602
Ypsilanti		
Present usable bed space		3,340
Proposed additions		
(a) Two Ward Buildings	500	
(b) T. B. Unit	160	660
Proposed maximum size of hospital		4,000
Summary for the foregoing five hospitals for the insane		
Present usable space		13,220
Proposed additions		2,510
Proposed maximum size		15,730

2. New Institutions

It is obvious from the foregoing that in order to provide for the amount of space needed on the basis of conservative estimates, it will be necessary to consider a new institution for the insane, an item of the immediate program as listed in the introduction. Such a hospital should not exceed a bed capacity of 3,500. Since this institution will primarily serve the County of Wayne, a location in that general area is suggested. The site will require about 1,200 acres of land and must not be in a congested district. Therefore, it will likely be necessary to find a location outside Wayne County. In selecting the site, thought should be given to such matters as water supply; sewage disposal; transportation, both rail and highway; as well as the productivity of the soil.

Another special item must be considered as a part of the total program. The state is in need of a small unit (approximately 75 beds) for the intensive treatment of children who present problems of serious maladjustment (behavior disorders, psychoneuroses, early psychoses) which are not treatable while the patient remains in the community or at home. A state mental hospital does not have the facilities or the specially trained personnel to deal with this problem. The States of Pennsylvania, New Jersey, and New York already have special facilities of this type. Plans to build a similar unit in Massachusetts were frustrated by the onset of war.

A children's pavilion offers an opportunity to treat children before they become seriously mentally ill or sufficiently antisocial to be considered delinquent. It offers an opportunity for intensive research in this field, and provides a facility for training in this highly specialized branch of psychiatry. Ypsilanti State Hospital is the logical location because of the nearness of the

University of Michigan with all its special facilities and personnel. This is also an item of the immediate program as listed in the introduction.

In 1942 the state began a program of child guidance clinics. Construction of this unit would round out the program by providing an in-patient facility for those cases that now cannot be successfully treated. All other agencies dealing with children would also have the opportunity to refer suitable cases to the pavilion.

II The Feebleminded

1. Existing Hospitals

As in the case of the hospitals for the insane, the hospitals for the mentally deficient have been analyzed as to the amount of space that should be added to bring them to a stage of completion. The following is a summary of those findings.

Coldwater

Present usable bed space		1,018
Proposed additions		
(a) Four 150-bed Custodial Buildings	600	
(b) Nine 50-bed Cottages	450	1,050
Proposed maximum size		2,068

The increase at Coldwater is another item of the immediate program as listed in the introduction.

Newberry (Facilities for mentally deficient only)

Present usable bed space		228
Proposed additions		
(a) Four small cottages similar to existing structures	150	
(b) Two 100-bed Custodial Buildings	200	350
Proposed maximum size		578

Mt. Pleasant

Present usable bed space 385

This institution is now serving a very satisfactory purpose. There is great need for the repair and remodeling of many of its facilities which must be given attention. However, the Commission requires further time for study before sound recommendations can be made for the future program at Mt. Pleasant. A report will be made later.

Lapeer

Present usable bed space 3,854

This institution is already much too large and additional space should never be added. It is extremely essential that facilities be con-

structed, however, for a Receiving Hospital, an acute medical unit and administrative quarters. The additional space created by these units can well be used to reduce overcrowding and permit the abandoning of certain undesirable quarters.

2. New Institutions

Again in this category there is need for a new institution to meet the total requirements. It should be located in the western central section of lower Michigan. A desirable size based upon estimates of need for space and economy of function would be about 1,500 to 2,000 beds. The exact size can be determined at the time detailed plans are prepared, but in the beginning a capacity of 1,600 is suggested.

III The Epileptic

The additional space required for this type of patient may be added at the Caro State Hospital where many of the service facilities were constructed with such a plan in view.

Caro

Present usable space		1,450
Proposed additions		
(a) Five 50-bed buildings	250	
(b) Five 110-bed buildings	550	
(c) T. B. Buildings	75	875
Proposed maximum size		2,325

A portion of these additions, 375 beds, has been included in the immediate program as listed in the introduction.

It is further recommended in connection with discussion of this group of patients that there be established a new special facility to be known as the Institute for Convulsive Disorders. In the development of the Caro State Hospital, like in the case of most public institutions, emphasis has been placed upon meeting the demand of the public by providing facilities to hospitalize epileptic patients, thereby relieving the community of the problem. It is time that some more definite attention be given to ways and means of expanding the curative and scientific activities of such institution.

It is suggested that this special unit be established in conjunction with the Caro State Hospital. It is as essential as a cancer institute, an institute for diseases of the blood, an institute for neurology and psychiatry, and many other already established and justified specialty institutes. This institute should be set up in conjunction with Caro because of the tremendous advantage of having at hand over long periods of time hundreds of persons afflicted with convulsive seizures. It should be well-housed, well-equipped for scientific study and treatment, and should be personneled by carefully selected individuals. The quality and its method of serving the public should be such as to preclude the stigma which so popularly characterizes state hospital service.

COST ESTIMATES

It is, of course, obvious that it is impossible to make accurate estimates of the probable cost of such a program as outlined herein without more definite planning of what is involved. However, it is necessary to have some general idea as to the probable cost of such an undertaking or any major portion thereof. The only cost measuring stick which seems of value is the general experience of the state in past hospital construction. These past figures indicate that one might estimate the cost of additions to existing institutions at about $1,500 per patient bed and the cost for a new institution at about $2,000 per bed. These amounts represent the cost of building the patient quarters and all necessary related structures and facilities for treatment, service, utilities, etc. Such a method has been used in arriving at the dollar estimates contained in this report.